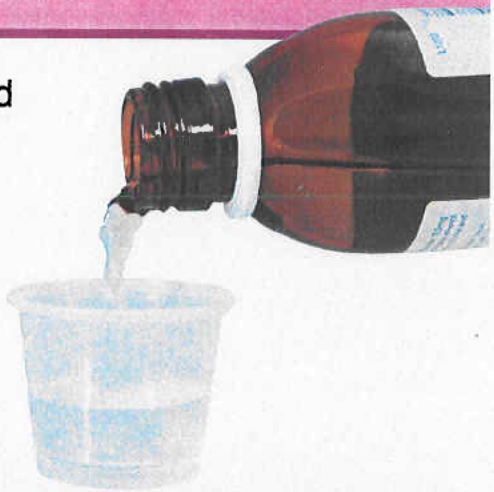
CHALLENGE

Compliance and adherence to prescribed tamoxifen therapy is a critical issue in patient care and may affect treatment outcomes.[1,2]

Difficulty swallowing pills may affect both compliance and adherence to prescribed courses of oral solid medications.

SOLUTION

Liquid medication may be preferred vs. pills by many patients



- Many adults in the USA were reported to have experienced difficulties with swallowing tablets or capsules at some point, even though most had no problems swallowing food or liquid
- Research shows that women experience more discomfort with pill swallowing compared to men
- Many adults who have trouble ingesting their medication have not discussed the situation with a health professional

Soltomox, the only tamoxifen citrate oral solution that may support long-term adherence

1. Owusu C, Buist DS, Field TS, et al. Predictors of tamoxifen discontinuation amoung older women with estrogen receptor-positive breast cancer. *J. Clin Oncol* 2008; 26:549-55.
2. Lash TL, Fox MP, Westrup JL, Fink AK, Silliman RA, Adherence to tamoxifen over the five-year course. ***Breast Cancer Res Treat*** 2006; 99:215-20.

soltamox®
(tamoxifen citrate) oral solution

SA21112

soltamox®

(tamoxifen citrate) oral solution

- For many reasons patients may have difficulty swallowing their medication.
- Responding to **patient preference** for liquid medication may provide an opportunity to increase compliance and adherence to prescribed medical therapy.

Available at:
www.Soltamox.com

IMPORTANT SAFETY INFORMATION

Tamoxifen citrate is constraindicated in patients with known hypersensitivity and also in woman who require concomitant coumarin-type anticoagulant therapy or in women with a history of deep vein thrombosis or pulmonary embolus. As with other additive hormonal therapy (estrogens and androgens), hypercalcemia has been reported in some breast cancer patients with bone metastases within a few weeks of starting treatment with tamoxifen. If hypercalcemia does occur, appropriate measures should be taken and, if severe, tamoxifen should be discontinued. There is evidence of an Increased incidence of thromboembolic events, including deep vein thrombosis and pulmonary embolism, during tamoxifen therapy. When tamoxifen is coadministered with chemotherapy, there may be a further increase in the incidence of thromboembolic effects. Adverse reactions to tamoxifen are relatively mild and rarely severe enough to require discontinuation or treatment in breast cancer patients.

WARNING

In Women with Ductal Carcinoma in Situ (DCIS) and Women at High Risk for Beast Cancer Serious and life-threatening events were associated with tamoxifen in the risk reduction setting (women at high risk for cancer and women with DCIS) include uterine malignancies, stroke and pulmonary embolism. (see CLINICAL PHARMACOLOGY, Clinical Studies, Reduction in Breast Cancer Incidence In High Risk Women). Health care providers should discuss the potential benefits versus the potential risks of these serious events with women at high risk of breast cancer and women with DCIS considering tamoxifen to reduce their risk of developing breast cancer. The benefits of tamoxifen outweigh its risks in women already diagnosed with breast cancer.

DOSAGE AND ADMINISTRATION

For patients with breast cancer, the recommended daily dose is 20-40 mg. Dosages greater than 20mg per day should be given in divided doses (morning and evening). A 20 mg dose of SOLTAMOX is administered as 10 mL (equivalent to 2 teaspoons) of the oral solution.

Please see accompanying package insert for full prescribing information.